

## TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement on separate document

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CLAIMANT'S NAME Paul Feist				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT LWDA							
POSITION Undersecretary, Green Jobs				BARGAINING UNIT EXE				DIVISION OR BUREAU				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E-25			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064							
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE					
		CA				Sacramento		CA		95814					

(1) MONTH/YEAR	(2)	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
01/02 2010		Stockton											65.00	65.000
1/31	1500	Sac - Burbank	121.10			18.00			PC					139.100
2/1	1500	Burbank - Sac		6.00	10.00				PC	9.00				25.000
(10) SUBTOTALS			121.10	6.00	10.00	18.00				9.00			65.00	\$229.10
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														\$229.10

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)		(11A) Summary						(12) NORMAL WORK HOURS	
		Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	0800-1700	
13th: Monthly RT Commute Pass		70000			000	100		(13) PRIVATE VEHICLE LICENSE	
1/31 - 2/1: Press Conference with Gov's Staff		70000			000	100		(14) MILEAGE RATE CLAIMED	
		70000			000	100		\$0.500	
								AGENCY ACCOUNTING OFFICE USE ONLY	
								PAID BY REVOLVING FUND CHECK NUMBER	
		Total			Document Reference	Prepared By			

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [Signature]	DATE 2/11/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 2-17-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)		DATE	